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UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA (CAND Rev. 02/2015)		TRANSCRIPT ORDER Please use one form per court reporter. CJA counsel please use Form CJA24 Please read instructions on next page.											
1a. CONTACT PERSON FOR THIS ORDER Jana L. Contreras		2a. CONTACT PHONE NUMBER (925) 935-9400											
1b. ATTORNEY NAME (if different) Jana L. Contreras		2b. ATTORNEY PHONE NUMBER (925) 935-9400											
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) Jana L. Contreras, Miller Starr Regalia, 1331 N. California Blvd., Fifth Floor, Walnut Creek, CA 94596		5. CASE NAME US v. Ayman Shahid											
7. COURT REPORTER NAME (FOR FTR, LEAVE BLANK AND CHECK BOX)→ <input checked="" type="checkbox"/> FTR Diane Skillman		8. THIS TRANSCRIPT ORDER IS FOR: <input type="checkbox"/> APPEAL <input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> In forma pauperis (NOTE: Court order for transcripts must be attached) <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL CJA: <u>Do not use this form; use Form CJA24.</u>											
9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:													
a. HEARING(S) (OR PORTIONS OF HEARINGS)		b. SELECT FORMAT(S) (NOTE: ECF access is included with purchase of PDF, text, paper or condensed.)											
DATE	JUDGE (initials)	TYPE (e.g. CMC) If requesting less than full hearing, specify portion (e.g. witness or time)	PDF (email)	TEXT/ASCII (email)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	DAILY (Next day)	HOURLY (2 hrs)	REALTIME
03/16/2017	YGR	Sen	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:													
ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).				12. DATE 03/17/2017									
11. SIGNATURE 													
DISTRIBUTION: <input type="checkbox"/> COURT COPY <input type="checkbox"/> TRANSCRIPTION COPY				<input type="checkbox"/> ORDER RECEIPT <input type="checkbox"/> ORDER COPY									